

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2972  
Registrar's No. 823

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|---|--|---|--|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 318  |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 823  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis  |  | c. LENGTH OF STAY (in this place)<br>2 days   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis                             |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Louis City Hospital  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>921 Chambers St.  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Rosie Etta McCart<br>b. (Middle)<br>c. (Last)  |  |   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Jan. 28 1949   |  |  |  |
| 5. SEX<br>Female  |  | 6. COLOR OR RACE<br>white   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  | 8. DATE OF BIRTH<br>Dec. 6 1895  |  |
| 9. AGE (In years last birthday)<br>53   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |  | 11. BIRTHPLACE (State or foreign country)<br>Keytesville Mo  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME<br>Thos. Stevenson   |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |  | 14. NAME OF HUSBAND OR WIFE<br>John E. McCart  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>492-23-6508  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>John E. McCart  |  | ADDRESS<br>St. Louis, Mo   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>19a. DATE OF OPERATION<br>19b. MAJOR FINDINGS OF OPERATION<br>20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |   |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.   |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br>James J. McQuinn, Jr., M.D.   |  |   |  | 23b. ADDRESS   |  | 23c. DATE SIGNED   |  |
| 24a. BURIAL CREMATION REMOVAL (Specify)<br>Removal  |  | 24b. DATE<br>1/28/49  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Sunset Hill  |  | 24d. LOCATION (City, town, or county) (State)<br>Edwardsville Illinois |  |
| DATE REC'D BY LOCAL<br>JAN 28 1949 REG.   |  | REGISTRAR'S SIGNATURE<br>J B Lasater  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Francis J. Sakley  |  | ADDRESS<br>Madison, Illinois   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Francis J. Fahy*

Licensed Embalmer No. *2792*

P. O. Address *Madison Ill.*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.